

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency
100 USDA, Suite 102
Stillwater, OK 74074-2653

OK Notice PM-1392

For: County Offices

Leave Transfer Opportunity

Approved by: State Executive Director



1 Overview

A

Background

Sheila Holmes, temporary Program Technician in the Kingfisher County Office, has made application as recipient under the leave transfer program personal medical emergency and has been approved.

B

Purpose

This notice informs county employees of an opportunity to transfer annual leave under the leave sharing program.

Disposal Date

June 1, 2004

03-05-04

Distribution

County Offices

OK Notice PM-1392

2 Medical Condition

A Statement

Ms. Holmes has authorized the following statement to be released: "Due to ongoing back problems, I will be having back surgery on March 10, 2004. I will be out of work 2-3 weeks and would appreciate any leave donated since all of my leave has been exhausted."

3 Action

A County Employee Action

Employees electing to donate annual leave may complete Exhibit 1. Requirements of 17-PM (Rev. 2), Part 10 apply. Donations may be effective PP 5. Upon completion of the form, fax it to the State Office, Attn: Jan Courtright.

LEAVE TRANSFER PROGRAM - DONOR APPLICATION

OK-073-01

INSTRUCTIONS: Use this form to request the transfer of earned annual leave to an approved leave recipient under P.L. 100-566. You may not transfer leave to your immediate supervisor. After completion, forward it to the office in your agency designated to approve leave donations.

PART I - COMPLETED BY DONOR

1. NAME OF DONOR (Last, First, Middle Initial)		2. POSITION TITLE	
3. SOCIAL SECURITY NUMBER	4. SERIES, GRADE, OR PAY LEVEL	5. ORGANIZATIONAL TITLE (Agency, Division, Branch Section)	
6. OFFICE ADDRESS		7. OFFICE TELEPHONE NO.	
8. NAME OF TIMEKEEPER	9. TELEPHONE NO. OF TIMEKEEPER	10. OFFICE ADDRESS OF TIMEKEEPER	
Jan Courtright	405-742-1142	100 USDA Suite 102 Stillwater, OK 74074	

INSTRUCTIONS: Please review the information below. You may not transfer more than 1/2 of the annual leave you will earn during this calendar year unless a waiver is approved. To request a waiver, you must attach a statement as to why your situation is unusual.

If you will be employed full-time by the federal government for the full calendar year, the limits are as follows:

- 52 hours for employees in the 4-hour leave earning category.
- 78 hours for employees in the 6-hour leave earning category, or
- 104 hours for employees in the 8-hour leave earning category.

If you are a part-time employee or if you will not be employed for the full calendar year, you may compute your transfer limit using the appropriate formula below:

- Limit for part-time employee = **13 X**

Duty hours in Pay Period	X leave earning category
80	
Number of Pay Periods to be worked	X leave earning category
2	

11. NUMBER OF HOURS OF ANNUAL LEAVE TO BE TRANSFERRED	12. NAME OF RECIPIENT Sheila Holmes	13. CASE NUMBER OK-073-01	14. SOCIAL SECURITY NUMBER OF RECIPIENT (if known)
15. ORGANIZATIONAL LOCATION OF RECIPIENT (Agency, Division, Branch, Section) USDA-FSA-Oklahoma-Kingfisher County		16. OFFICE ADDRESS OF RECIPIENT 1600 S. 13th Kingfisher, OK 73750	
17. NAME OF LEAVE SHARE COORDINATOR Jan Courtright	18. TELEPHONE NO. OF LEAVE SHARE COORDINATOR 405-742-1142 405-742-1177 fax	19. OFFICE ADDRESS OF LEAVE SHARE COORDINATOR 100 USDA Suite 102 Stillwater, OK 74074	

CERTIFICATION OF VOLUNTARY DONATION: I certify that I am making this donation entirely of my own free will and that no attempts have been made to coerce me to donate annual leave. I understand that except for any leave unused by the recipient, I have no right under my circumstances (including a medical emergency of my own) to have any of the donated leave restored.

SIGNATURE OF DONOR	DATE
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PART II - AGENCY REVIEW AND APPROVAL

1. CURRENT ANNUAL LEAVE BALANCE (in hours)	AS OF PAY PERIOD NUMBER	2. ANNUAL LEAVE CATEGORY PER PAY PERIOD
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APPLICATION APPROVED:

- ☐ YES (This application meets all criteria required for annual leave transfer by law, regulation and Department policy. Transferred leave may be credited to the recipient's account effective Pay Period Number): _____
- ☐ NO (state reason for disapproval): _____

SIGNATURE OF APPROVING OR DISAPPROVING OFFICIAL	TITLE	OFFICE TELEPHONE NO.	DATE
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PRIVACY ACT STATEMENT

§ U.S.C. 6311 authorizes collection of this information. Your social security number is requested solely for the purpose of positively identifying leave donors so that donated leave can be deducted from the proper account. Although the disclosure of this information is voluntary, failure to furnish this information may result in disapproval of this application.

Electronic version designed using WordPerfect for Windows 6.0 (USDA-CFSA)